

FILED\* US Bankruptcy Court-UT  
APR 3 2023 PM 2:29

Fill in this Information to identify the case:

Debtor 1 Marie Barbara Lujan  
First Name Middle Name Last Name

Debtor 2  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the District of Utah

Case number: 19-20986

APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS

1. Claim Information

For the benefit of the Claimant(s)<sup>1</sup> named below, application is made for the payment of unclaimed funds on deposit with the court. I have no knowledge that any other party may be entitled to these funds, and I am not aware of any dispute regarding these funds.

Note: If there are joint Claimants, complete the fields below for both Claimants.

Amount:

4507.61

Claimant's Name:

Victor Castro Lujan

Claimant's Current Mailing  
Address, Telephone Number,  
and Email Address:

8249 Trieste Court  
Antelope, Ca 95843

916 718-3184  
lvic@hotmail.com

2. Applicant Information

Applicant<sup>2</sup> represents that Claimant is entitled to receive the unclaimed funds because (*check the statements that apply*):

- ☐ Applicant is the Claimant and is the Owner of Record<sup>3</sup> entitled to the unclaimed funds appearing on the records of the court.
- ☐ Applicant is the Claimant and is entitled to the unclaimed funds by assignment, purchase, merger, acquisition, succession or by other means.
- ☐ Applicant is Claimant's representative (e.g., attorney or unclaimed funds locator).
- ☐ Applicant is a representative of the deceased Claimant's estate.

3. Supporting Documentation

- ☐ Applicant has read the court's instructions for filing an Application for Unclaimed Funds and is providing the required supporting documentation with this application.

<sup>1</sup> The Claimant is the party entitled to the unclaimed funds.

<sup>2</sup> The Applicant is the party filing the application. The Applicant and Claimant may be the same.

<sup>3</sup> The Owner of Record is the original payee.

**Fill in this information to identify the**

Debtor 1     Marie     Barbara     Lujan  
                 First Name     Middle Name     Last Name

Debtor 2  
(Spouse, if filing)     First Name     Middle Name     Last Name

**United States Bankruptcy Court for the District of Utah**

Case number: 19-20986

**NOTICE OF OBJECTION DEADLINE**

**PLEASE TAKE NOTICE** that the attached Application to Pay Unclaimed Funds has been filed with the United States Bankruptcy Court for the District of Utah.

**Right to Object.** Any party in interest who objects to the Application for Payment of Unclaimed Funds being sought in this Application must, within twenty-one (21) days of the mailing of this Application, file an objection or other appropriate response to this Application with the:

**United States Bankruptcy Court  
District of Utah  
Room 301  
350 South Main Street  
Salt Lake City, UT 84101**

**CERTIFICATE OF SERVICE BY MAIL OR OTHER MEANS**

I hereby certify that on \_\_\_\_\_ (date), I caused to be served a true and correct copy of the foregoing Application for Payment of Unclaimed Funds and all attachments as follows:

**Office of the United States Attorney  
District of Utah**  
111 South Main Street, Suite 1800  
Salt Lake City, UT 84111

- ☐ **By Mail: First-class U.S. mail, postage pre-paid**  
☐ **By Hand Delivery**  
☐ **By Other Means (Describe):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>Debtor</b>  Name: <u>Marie Barbara Lujan</u>  Address: <u>1600 North 1575 West Apt. F. 101</u> <u>Layton, Utah 84051</u> <u></u>	<input type="checkbox"/> By Mail: First-class U.S. mail, postage pre-paid <input type="checkbox"/> By Hand Delivery <input type="checkbox"/> By Other Means (Describe): <u></u> <u></u> <u></u>
<b>Debtor's Attorney</b>  Name: <u>George B. Hoffman, tr. IV</u>  Address: <u>Cohne Kinghorn, P. C.</u> <u>111 East Broadway</u> <u>11th Floor</u> <u>Salt Lake City, Utah 84111</u>	<input type="checkbox"/> By Mail: First-class U.S. mail, postage pre-paid <input type="checkbox"/> By Hand Delivery <input type="checkbox"/> By Other Means (Describe): <u></u> <u></u> <u></u>
<b>If Claimant is not the original creditor or payee, the Individual or Entity for whom the funds were deposited:</b>  Name: <u>Victor C. Lujan</u>  Address: <u>8249 Trieste Ct.</u> <u>Antelope, California 95843</u> <u></u>	<input type="checkbox"/> By Mail: First-class U.S. mail, postage pre-paid <input type="checkbox"/> By Hand Delivery <input type="checkbox"/> By Other Means (Describe): <u></u> <u></u> <u></u>

Dated this 29 Day of March, 2023.

Victor C Lujan  
Signature

Victor C. Lujan  
Printed Name

**Privacy Policy**

Applicant shall redact only the following personal data identifiers from the Application and any supporting documentation attached to the Application before filing such documents: (i) all but the last four digits of a social security number or a tax ID number; (ii) all names of minor children (use minors' initials); (iii) all but the last four digits of any bank, savings, or similar account numbers; and (iv) all birth date information except the year.

***The responsibility for redacting personal data identifiers rests solely with the filing party.***



#### 4. Notice to United States Attorney

- ☐ Applicant has sent a copy of this application and supporting documentation to the United States Attorney, pursuant to 28 U.S.C. § 2042 at attached a Certificate of Service to this application.

Office of the United States Attorney  
for the District of Utah  
111 South Main Street, Suite 1800  
Salt Lake City, Utah 84111

#### 5. Applicant Declaration

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: March 29, 2023

Victor C. Lujan  
Signature of Applicant

Victor C. Lujan

Printed Name of Applicant

Address: 8249 Trieste Ct.  
Antelope, Ca 95843

Telephone: 916 718-3184

Email: lvic@hotmail.com

#### 6. Notarization

STATE OF California

COUNTY OF Sacramento

This Application for Unclaimed Funds, dated 03-29-2023 was subscribed and sworn to before me this 29th day of March, 2023 by Victor Castro Lujan

who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.

(SEAL)

Notary Public [Signature]

My commission expires:

See Attached

08-28-2026

#### 5. Co-Applicant Declaration (if applicable)

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Co-Applicant (if applicable)

\_\_\_\_\_  
Printed Name of Co-Applicant (if applicable)

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

#### 6. Notarization

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

This Application for Unclaimed Funds, dated \_\_\_\_\_ was subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_

who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.

(SEAL)

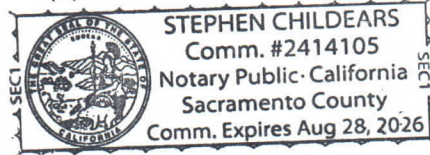
Notary Public \_\_\_\_\_

My commission expires:

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California  
County of Sacramento

Subscribed and sworn to (or affirmed) before me on this 29th  
day of March, 2023, by Victor Castro LUSan,  
proved to me on the basis of satisfactory evidence to be the  
person(s) who appeared before me.



(Seal)

Signature